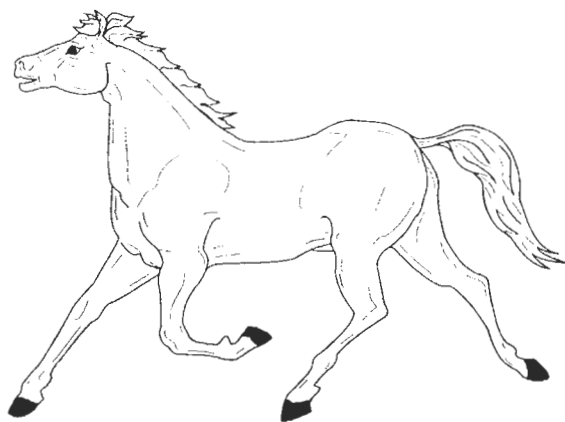


2009
CAMPBELL COUNTY 4-H
SADDLE UP
HORSE CAMP

June 7-12



Protected Under
18 U. S. C. 707



***** **Keep this page** *****

Campbell County 4-H Saddle-Up Horse Camp

Alexandria Fairgrounds

June 7-12, 2009

Arrive Sunday after 5 p.m. Leave Friday after work is done

Camp will be limited to 90 camp persons divided among the divisions.

First year camp persons under 9 years as of Jan. 1 are not eligible for Contest

Registration MUST include the following:

- Completed forms for Registration, Health information, and releases (pages 2-5)
- Copy of current negative Coggins test: remember KY Law requires health certificate
- Payment in full: Active member/dues paid by January meeting - \$135.00
Non-club member - \$170.00.
- Make checks payable to Campbell Co. 4-H Saddle-Up Club - no refunds
- Volunteer background check form (ALL ADULTS) - Copy attached
- Number of extra siblings/family attending camp

Deadline for registration to guarantee a spot at camp: Do not send form early.

- April 1 - Saddle-Up Club active members/dues paid by January meeting
- April 2-15 - Previous camp persons
- After 15 - First come, first serve, if openings are available.

CAMP RULES: (Breaking any rule will be grounds for dismissal.)

1. Stalls will be assigned and checked. No switching.
2. All riders must use ASTM-SEI riding HELMETS,
3. Dress Code: Western/English boots, long pants, no chaps over shorts, no cut off t-shirts, straps at least 2 finger widths, no skin showing at middle, and no low cut tops.
4. All sleeping areas must have a responsible adult (21 or over) present during evening and night. Only registered camp persons may stay at night. Campers, tents, trailers must be with supervision. (1 adult/5 children or same family. All sleeping areas must have adult's name & who is staying there clearly labeled on front of camper, tent, etc.
5. Parents or others may not interfere with instructors during sessions. Siblings may stay with parents and watch from a safe distance during class. Only camp person can ride/drive horse during camp. Helpers must fill out an application to be eligible to assist instructors.
6. **NO STALLIONS, NO GREEN BROKE HORSES, AND NO HORSES UNDER 3 YEARS** except Miniatures under 2 years which have not been used for breeding are allowed
7. **NO SMOKING** in and around barns/buildings. **NO ALCOHOL AT ANY TIME.**
8. No registered camp person may leave camp at any time unless special permission from director. (Parent/guardian is required to sign camp person out and ID may be required.) Some camp persons may choose to go home at night but may not leave until 8:30p.m. with parent sign in & out sheet. If parent forgets, you will be called once, next time, dismissal from camp. Your horse must have water at all times.
9. Instructors & leaders will decide placement of camp persons based on experience of rider and horse.

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I, _____ give permission for my child _____
Parent or guardian name of child
to participate in the Campbell County 4-H Saddle Up Horse Camp at Alexandria Fairgrounds on June 7-12, 2009, I will accept responsibility for any injuries or accidents to my child or horse while at camp. I understand that this applies to day and night camping. I release all responsibility against the Alexandria Fairgrounds, the 4-H leaders, staff, 4-H program, Cooperative Extension Services, and agents of the service, volunteers and instructors at the camp. I will provide proof of negative Coggins Test done on my horse (current). If there is any illness or contagious symptoms noted with my horse, I will remove the horse from camp immediately. I have read, I understand and I agree to abide by all camp rules, I further understand that violation of any of the rules will be grounds for dismissal.

I have explained these camp rules to my Camp person.

Parent signature _____ Date _____

Camp person's signature - when parent reads rules _____ Date _____

My licensed camp person _____ may drive home at night. _____

Parent signature

**Check Style of showing: There must be five or more camp persons to have group listed below
You may not switch the division after registration (only instructors and leaders, if needed)**

*Contest () Hunt () Western Pleasure () Miniatures ()

* First year camp persons under 9 years as of Jan. 1 are not eligible for Contest. (Refer to Rule #9, page 1)
There will be 2 or more groups per division as needed.

Horse's Name: _____

Camp person's T Shirt size (circle size) YS YM YL AS AM AL AXL AXXL

Additional camp T-shirt desired- cost \$10 each – payment must be included with registration fee-
Place quantity desired in () in front of size desired below.

() YS () YM () YL () AS () AM () AL () AXL () AXXL

How many years has camp person been riding _____

Number of camp persons in your family that will be attending camp _____

Adult(s) who will be staying _____

Number of siblings/family staying at camp _____ (EXCLUDING CAMP PERSON(S))

Type of sleeping quarters** : tent _____ camper _____ trailer _____ vans _____ Home _____

****Those staying on the grounds with a tent, camper, trailer, etc., will be charged an additional \$15 for the week to help off set the cost of electric/water usage. This fee will be collected on Monday at camp.**

All parents are asked to help – Sign up on Sunday evening. Kitchens, barns, arena water coolers, garbage, restroom cleaners, Cloverbud helpers, stall check, show night helpers, miscellaneous helpers. The Saturday after camp.

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CAMP PERSON'S NAME _____ County _____

ADDRESS _____
Street _____ city _____ state _____ zip _____

PARENT/GUARDIAN'S NAME _____

PHONE #'S: Home _____ Work _____ Cell _____

EMAIL ADDRESS: _____

NEIGHBOR OR RELATIVE WHO MAY BE ABLE TO LOCATE PARENT IF NOT AT ABOVE

NAME _____ PHONE _____

Camp person's age by camp _____ Sex _____ Race* _____ Birthday _____

School attended _____ Grade as of May, current year. _____

Were you eligible for free or reduced meals at your school this past year Yes _____ No _____

Have you attended camp before _____ How many years _____

*Necessary to comply with affirmative action -Civil Rights Standards

Information to be provided by parent or Legal Guardian

Health history: Please note below any **physical condition**, including allergies, that the camp director should know about: reporting is confidential and will not prevent attendance at camp. If there is any medical history we need, please comment.

1. Allergies: _____ (food, medication)

2. Physical condition or medical history _____

3. Date of camp person's last tetanus booster _____ (**must be filled in**)

4. Medication camp person is on _____

5. If needed, camp person has my permission to take: Tylenol _____ Advil (children) _____,
Benadryl liquid _____ Other _____

PERMISSION FOR MEDICAL TREATMENT, IF NEEDED: READ BEFORE SIGNING.

My child has permission to attend the Campbell Co. 4-H Horse Camp. I understand that first aid will be available at the camp, that the camp persons will be supervised, and that if a serious illness or injury develops, medical and/or hospital care will be given. I further understand that the camp staff is not responsible in case of accidental injury or illness and that in case of a serious injury or illness, I will be notified. If it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by attending physicians. I further agree that I will be responsible for payment of any charges incurred for treatment and care of my child. In case of an emergency, the closest hospital will be utilized.

_____ Date _____

Signature of Parent or Legal Guardian

Physician's Name and Phone Number _____

Hospital where physician practices _____

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TREATMENT OF HORSE AT CAMP: Please Read Carefully before signing:

(Option # 1) I authorize the camp staff to give my animal assistance and medication in case of injury or illness. I understand that medication would be given only after communicating with and receiving instruction from a veterinarian, and that the camp staff will not be held liable or responsible. I agree that, if in the opinion of the staff, a veterinarian needs to see the animal, one may be summoned. I further agree that I will be responsible for the payment of cost of any medication administered and for any charges incurred if a veterinarian is summoned.

_____ Date _____

Signature of parent, guardian/ adult owner of horse

OR

(Option #2) I do not wish to give authorization for treatment of my animal. Staff members will not assume responsibility for attending my animal without my permission.

_____ Date _____

Signature of parent, guardian/adult owner of horse

Regular Vet's Name _____ Phone _____

Owner of horse/Phone if different from above _____

Information regarding release from Camp Site:

Completion of this section is OPTIONAL. Read carefully. In the event that it becomes necessary for a member to leave camp before the last day, the parent or legal guardian will be the ONLY individual who may pick up a child from the camp site, unless other individuals are identified below. THERE WILL BE NO EXCEPTION TO THIS POLICY REGARDLESS OF RELATIONSHIP TO THE CHILD. Please inform everyone approved by you on this release, they must report to camp office immediately upon arrival and must have on their person a current driver's license or photo ID before the child will be released into their custody. If a camp person's parents are divorced or separated, unless the camp is provided with a copy of a Kentucky court order to the contrary, both biological and adoptive parents have access to the camp person. If divorced, which parent is assigned custody _____.

Besides the parents listed above, the camp person named above has my permission to be picked up by the person(s) listed below. I understand my child cannot be picked up from the camp by anyone except his/her parents/guardians unless they are on this list.

Camp person can only leave camp grounds with parent or adult(s) listed below.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

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SUMMARY OF PAPERS TO SEND TO HELEN CURLESS - (Send pages 2 to 5)

Check list:

1. ___ Release papers (page 2)
2. ___ Camp person's T-shirt size; additional T-shirts requested & payment. (page 2)
3. ___ Camp person's date of tetanus booster (call doctor's office if you do not know) (page 3)
4. ___ Whether you wish treatment of horse or not if ill (page 4)
5. ___ Current Negative copy of Coggins (results take at least 2 weeks, please get on time)
6. ___ Payment in full – camp fee \$135/\$170 - plus \$10 for each additional T-shirt ordered.
7. ___ Volunteer background check forms - required for all adults volunteering/working/staying on grounds with youth at camp.

No refunds after April 1.

If all information above is not included & payment not correct, the form and check will be returned to you with explanation and you will not be registered until completed and returned. This includes copy of current Coggins. No exceptions. Send current copy and if due again before camp, forward new Coggins as soon as completed.

Send all above to Helen Curless,
 P.O. Box 53
 Alexandria, Ky. 41001

Do not put anything in Helen's home mailbox.

Call if questions: Helen Curless 635-5790 (leave message on voicemail and convenient time to return call). If you are a first year camper and feel you do not have enough information about camp, what to bring, when to arrive, where to park, etc., please feel free to call. Confirmation letters are sent out but we prefer to send these via email after all paperwork requirements are complete. If you have questions, please call at least 1 week before camp starts so there will be time to work on any issues.

Thank you for your interest in our camp. We look forward to another good year.

VOLUNTEER BACKGROUND CHECKS MUST BE DONE PER EXTENSION OFFICE REQUEST FOR EVERY ADULT AT CAMP/VOLUNTEERING/WORKING WITH THE YOUTH AND STAYING ON THE GROUNDS DURING CAMP. FILL THIS FORM OUT AND FORWARD WITH THIS CAMP FORM BEFORE YOU WILL BE APPROVED FOR CAMP. THIS INCLUDES PARENTS, INSTRUCTORS, AND HELPERS. IF YOU HAVE COMPLETED A BACKGROUND CHECK LAST YEAR, CHECK WITH THE EXTENSION OFFICE TO SEE IF A NEW ONE IS REQUIRED THIS YEAR. BE SURE TO INCLUDE A NOTE WITH YOUR REGISTRATION IF ONE IS NOT REQUIRED THIS YEAR.